ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Sar number, and address): TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OCALIFORNIA, COUNTY OF STREET ADDRESS: MALING ADDRESS: GITY AND ZIP CODE: BRANCH NAME: PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: TO THE COURT: 1. Please file the following transmitted documents in the order listed below: Document name No. of pages		MC-00
LEMALADRESS (DOBORGE): ATTORNEY FOR (Mamp): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAINEA DOBESS: OITY AND 2P CODE: BRANCHAME: PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: TO THE COURT: 1. Please file the following transmitted documents in the order listed below: Document name No. of pages 2. Processing instructions consisting of: pages are also transmitted. 3. Fee required Filing fee Fax fee (Cal. Rules of Court, rule 10.815) a Credit card payment I authorize the above fees and any amount imposed by the card issuer or draft purchaser to be charged to the following account:	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
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